Medical PA Criteria Proposal

Medical Procedure Class:	**MRI of Cervical Spine (neck) v1.3**
Date:	**TBD**
Prepared for:	
Prepared by:	ACS-Heritage Information Systems, Inc.

☒ **New Criteria** ☐ **Revision of Existing Criteria**

Executive Summary

Purpose:	To identify and discourage the inappropriate use of high tech, high cost diagnostic imaging
Why was this Issue Selected:	The indiscriminate use of expensive imaging procedures for common and uncomplicated clinical presentations of the back and spine, e.g. chronic neck pain, have contributed to the perception of low value from these studies and to the high costs in managing these conditions. Patients with normal radiographic results (plain film X-rays) and no neurologic signs or symptoms will usually require no further imaging. However, patients with normal radiographic results and positive neurologic signs or symptoms may require MR imaging.
Procedures subject to Pre-Certification	• 72141 Magnetic resonance imaging, spinal canal and contents, cervical; without contrast material • 72142 Magnetic resonance imaging, spinal canal and contents, cervical; with contrast material(s) • 72156 Magnetic resonance imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences, cervical.

Setting & Population:	All Medicaid fee-for-service patients

Type of Criteria:	☐ **Increased risk of ADE** ☒ **Appropriate Indications**	☐ **Non-Preferred Agent** ☐

Data Sources:	☐ **Only administrative databases**	☐ **Databases + Prescriber-supplied**

Setting & Population

- Procedure Group for review: MRI of Cervical Spine
- Common Diagnostic Indications: Pain, radiculopathy, new or progressive neurologic symptoms or deficits.
- Considerations: Unless contraindicated, MRI is the preferred modality for most cervical spine imaging over CT, except for a few indications such as evaluation of suspected fracture or fracture follow-up.
- Age range: All patients

Approval Criteria

Patients with any of the following diagnostic indications for MRI of the Cervical Spine, which may include supporting clinical information:

- Persistent pain or radiculopathy, with > 3 weeks of conservative therapy and inadequate response to treatment
- New or progressive neurologic symptoms or deficits, e.g. motor or sensory loss attributable to cervical pathology
- Signs or symptoms of spinal cord or nerve root compression, e.g. from disc herniation or spinal stenosis
- Multiple Sclerosis or other demyelinating diseases or myelopathies
- Infectious or inflammatory processes
- Possible spinal cord injury and post-traumatic neurologic deficit
- Post-operative evaluation, with new neurologic findings
- Tumor evaluation, for suspected or documented lesions

Denial Criteria

Patients without any of the above diagnostic indications for MRI of the Cervical Spine. Some of these requested exams may be approvable upon the submission of appropriate supporting clinical information.

- For patients with chronic neck pain and the absence of neurologic signs and symptoms, plain radiographs should usually be the initial study performed in their evaluation
- Has not had a Cervical Spine X-ray in the last 60 days
- Have had a CT or MRI of the Cervical Spine in the last 6 months

Required Documentation

Laboratory results: ☐
MedWatch form: ☐

Progress notes: ☐

References

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8. MacDonald RL, Schwartz ML, Mirich D, et al. Diagnosis of cervical spine injury in motor vehicle crash victims: how many x-rays are enough? J Trauma 1990; 30:392-397.
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